Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90149 013 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **S58893** 1. Corporation Name

STREET ADDRESS

34TH AV	enue pr	OPI	ERTIES, INC.			·													
Principal Place	e of Business	\$			Mailing Ad	ddress					1	1 10011019	IVI V(10) (1	JIQI 18116 J	0400 IIII 1		II 4 I 1 I I I I I I I I I I I I I I I I I I I	H WINT	#1811 1 68 1
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	. (5)				a Mailin	a Addroon					1	06/10/199 FEI Number	<u> </u>					Annli	ed For
2. Principal Place of Business					2a. Mailing Address						4.	59-30743 0	מי				- 1		pplicable
21					Suite, Apt. #, etc.						+-	<u> </u>	<u>)Z</u>			_	\$8.75		
Suite, Apt. #, etc.					27						5.	Certificate of	Status E	Desired			Fee		
City & State	e			╅	City & State						6.	Election Carr	paign F	inancing			\$5.0	0 м	av Be
23					28						Trust Fund Contribution Added to Fee								
Zip	Country				Zip			Country			8. This corporation owes the current year Intangible								
24	25			2				30			Personal Property Tax. ☐ Yes ☑No							No	
	9. Name	and	Address of Currer	nt Re	gistered A	gent					10.	Name and A	ddress	of New	Regist	ered A	gent		
								81	Na	me									
	SOME, M.F		NAD					82	Str	eet Addre	ess (F	P.O. Box Numb	ber is No	ot Accep	table)				
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40	Signature, typed	or prin	ed name of registered age OFFICERS AN				13.		it signa	ture required		ADDITIONS/C	HANGE	S TO O			DIREC	TOR	S IN 12
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CITY-ST-ZIP: 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: